

# LUNACY REFORM

II

## INSUFFICIENCY OF THE MEDICAL STAFF OF ASYLUMS

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## EDITORIAL DEPARTMENT.

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### LUNACY REFORM.

#### II.

##### INSUFFICIENCY OF THE MEDICAL STAFF OF ASYLUMS.

The following paragraphs from the petition presented by citizens of the State of New York to their Legislature last winter, praying for a thorough investigation of asylums, may well serve as texts for our remarks :

“Superintendents of insane asylums are, nearly without exception, not chosen from among medical men who have pursued special studies in neurology at home and abroad, and who are well-trained physicians, but from among assistant physicians of asylums, who, after having been badly chosen (*vide infra*), have passed a number of years immured in an institution.

“Assistant physicians of asylums (future candidates for the position of superintendent) are nearly always men just issued from our too elementary medical schools ; men who have not served in civil hospitals (which can be entered only by severe competitive examination) ; their qualifications are not submitted to any test ; when in the institution they are not furnished with means of study (medical journals, books and instruments) ; and inevitably, as years go by, they forget what general medicine they knew on graduating. \* \* \*

“Assistant physicians, moreover, are overworked and wretched-

ly paid. Their time is taken up by visiting too many patients, by writing interminable, useless histories of cases, and by various 'official' duties, such as talking by the hour with friends of patients, receiving visitors, etc."

*A.* Let us first consider the number of assistant physicians in the chief asylums of this State :

At the State Lunatic Asylum, Utica, there are four assistants to six hundred patients (1878), or 1 to 150.

At the Hudson River State Hospital, Poughkeepsie, there are two assistants to two hundred and thirty-two patients (1878), or 1 to 116.

At the Willard Asylum, Ovid, there are five assistants to thirteen hundred and forty patients (1878), or 1 to 268.

At the City Lunatic Asylum for females, Blackwell's Island, there are (1879), seven assistants to twelve hundred and sixty-seven patients or 1 to 180.

At the City Lunatic Asylum for males, on Ward's Island, there are (1879), five assistants to one thousand and eighty-four patients, or 1 to 217.

At the Kings County Lunatic Asylum, Flatbush, there are (1879), four assistants to seven hundred patients, or 1 to 175.

Physicians who have served in general hospitals as internes will at once appreciate the insufficiency of the above proportions.

In a general hospital, like Bellevue Hospital or the New York Hospital, there are several "divisions," each embracing one or more wards, and containing from fifty to eighty patients. A "service" or "division" is thought to be very heavy if there are one hundred patients in it. Now, each of these divisions is officered as follows : One visiting or attending physician or surgeon, who sees the patients once a day ; one house physician or surgeon and two assistants, a senior and a junior. These assistants are all graduates, and have been selected after a severe competitive examination. The house physician is in reality an assistant or pupil of the visiting physician, and so we obtain the proportion of 1 to 16, or 1 to 25, or 1 to 33, according to the size of the service. It may be replied that a general hospital service embraces many more acute

and serious cases than do the wards of a lunatic asylum. This is true, but the difference is not as great as might be supposed, because, first, there are always chronic or meaningless cases in a general hospital which require very little care; second, the asylums which claim to be hospitals, and not simply homes, have many patients requiring personal attention; and, third, there is something in the nature and management of insanity which demands unusual expenditure of time. Long conversations must be had with the patient and his friends in order to elicit a good history; corporeal examinations are often made under difficult circumstances and must be repeated, etc. Granting that a general hospital service demands more active work than an asylum division, yet we believe that the proper examination and observation of patients in the asylum will consume as much if not more time. In any asylum which receives acute curable cases the present proportion of medical officers is, I believe, wholly inadequate.

*B.* How are assistant physicians selected and appointed? Usually by recommendation to the superintendent without a public advertisement of the vacancy, and never with a thorough or competitive examination. In most asylums there is no pretense of an examination. It seems that some sort of examination is required of candidates for the position of assistant physician at the Ward's Island Lunatic Asylum. An inquiring applicant recently received the following letter of information:

DEAR DOCTOR.—Yours of — inst. received; in reply would say that the examinations are not competitive. Assistant physicians are appointed upon the recommendation of medical superintendent after having passed the Examining Board.

Yours respectfully,

A. E. MACDONALD,

*Med. Supt.*

This is not encouraging for those who hope for the appointment of better-qualified assistants. An "examination" which is not competitive and which does not of itself determine appointment is a farce.

It seems to me that there can be no real progress in this most important and fundamental matter until the mode of selecting internes for civil hospitals be adopted for asylums, with the necessary modifications in the range of questions. The Examining Board should be composed of neurologists and alienists, should be wholly independent of the superintendents, and the appointment should be given to the best man.

C. The education of the newly-appointed assistant physician, and the distribution of duties among assistant physicians, are matters of great importance. In the way of training let us see what is done for the junior assistant in a civil hospital. He is appointed, we must remember, after a victory in a close competitive examination; one which might well test the knowledge of his professor in the medical school. Flushed with this (real) triumph, he finds himself in the hospital a mere pupil; he is made to apply dry cups, give hypodermic injections, copy cases in large books, hold instruments or sponges at operations and clean them afterward. As senior assistant, after six or eight months of training, of teaching by his visiting physician, and senior, he enters upon somewhat enlarged duties, and even occasionally takes the place of the house physician and prescribes for the simple cases, or performs a minor operation. Even the house physician or surgeon is, or should be, a pupil. He receives the diagnosis and general prescriptions from the visiting physician, and is responsible for their proper execution. He must esteem it a favor if he is allowed to take exclusive charge of a few cases. He learns how to do things.

The theory of the organization of the junior medical staff of a general hospital is based on the assumption that its members are pupils from first to last, and this is certainly the correct view. In practice of late years, I regret to be obliged to say, owing chiefly to the appointment of incompetent visiting physicians and surgeons through social or political influence, the old-fashioned relations of master and pupil which existed, and should always exist, between the visiting and the house physicians, have sometimes been annulled or even reversed.

If we now consider the assistants in asylums what do we learn? First, that although numerically subordinated, they all have equal medical functions, and each has charge (under the general supervision of the superintendent) of a large number of patients. They enter upon the performance of full duty and have the partial control of patients very soon after they enter the asylum, sometimes at once, and of course cannot bring to the task any enviable amount of training or of mental clearness. Besides, how can one man remember the essential points in the histories of one or two hundred patients?

It is susceptible of proof that these gentlemen obtain no training at all comparable to that which the junior and senior assistants in general hospitals have; they are not, and indeed cannot be, personally instructed in the method of examining patients, in physical diagnosis, in urinary analysis, in the use of the microscope, speculum, laryngoscope, ophthalmoscope, thermometer, electric batteries, etc. The older assistants are taken up with their respective duties, and the superintendent after his daily round is immersed in business and has no time for teaching. And with many superintendents, the question must be asked, are they competent to teach and train young medical men? Having usually been assistant themselves in former years, under the same lifeless system, they cannot be expected to possess the necessary requirements. This refers to general medical training, which the newly-appointed assistants greatly need, because they usually have not had the advantage of hospital residence after graduation; in the words of our petition, "they are nearly always men just issued from our too elementary medical schools."

But how is it with respect to teaching in psychiatry and cerebral anatomy, normal and pathological? Do superintendents lecture to their junior staff; do they provide them with monographs and new special works upon these subjects; do they spend hours with them in the wards teaching them how to observe the peculiarities of the insane, how to attempt a psychological analysis of delusions; or do they work with them in the pathological laboratory to enable them to understand a part of the path-

ology of insanity? Are these young medical men provided with the best medical journals which treat of insanity?

From conversations with a number of assistant physicians and from my personal knowledge of the working of asylums, I must say that no satisfactory answer can be had to these questions. It would appear that, apart from an occasional hint or remark by the superintendent, the assistant physicians are left to educate themselves, without example, without books and journals, without a knowledge of French and German, in many asylums without instruments. The assistant physicians who are the victims of this system, should certainly not be blamed, but the unscientific and non-medical organization which allows of such a state of affairs should be stigmatized and done away with. The insane have as much right as other hospital patients to the care of educated and competent medical men. The civilization of to-day will not, I hope, long tolerate the monstrous paradox that patients in general hospitals which are unsupported by the State or city, or which are maintained by a City on a starvation allowance, should have the attendance of the best medical talent, young and old, which can be found, while the maniacs, melancholics or general paretics in extravagant asylums erected by the State are under the care of inferior medical officers.

What remedy can be devised for this unfortunate condition of things, this qualitative insufficiency in the medical staffs of asylums? It seems more than doubtful to me if any radical measures, any legislative enactments would do good. It would manifestly be unjust to remove the all assistant physicians now in place; and it must be borne in mind that many of them are anxious to be taught and to learn. Are they to blame if there are no master-minds to guide them? It seems to me that the best measures for raising the standard of qualifications among assistant physicians would be:

a. The appointment of one independent Examining Board for all asylums. Such a board could be easily made up of members of consulting medical boards of asylums, of physicians especially interested in neurology and psychology, and should sit in New

York. The occurrence of a vacancy should be widely advertised in medical journals, in medical schools and in general hospitals. There is so much that is desirable or should be, in the position of assistant physician on a greatly raised standard, that I have little doubt but that a very good class of applicants might be obtained for a fair competitive examination. I might also throw out the suggestions that such a board ought to be small, composed of not more than five members, that they should receive an honorarium for each examination, that the questions should be of such a nature as to show the capacity and tendencies of the applicants, and not their mere automatic (and temporary) remembrance of minutæ which may have been gummed to their brains by that demoralizing machine known as the "cram-quizz"; the future assistant physician should know German or French or both these languages well enough to read a page of a medical book or journal easily, he should understand the ordinary manipulation of the various instruments employed in scientific diagnosis, he should know how to take a systematic history of a case and how to reach a diagnosis by the symptoms present or by exclusion, he should (shall I add it?) write a fairly pure and correct English style, unless he be a foreigner. That the examination should be minute upon psychiatry seems to me undesirable; a fair reading knowledge of psychology and insanity from one or two recognized textbooks ought to suffice, as the real study of this subject is to be made in the institution and is to constitute the focus of the assistant's intellectual work.

b. By the appointment of superintendents who will be able to teach their assistants, instruct them in cerebral anatomy, in special microscopic *technique* and histology, in the finer points of diagnosis and prognosis, in the higher art of moral management of the insane, etc. The manner of securing the services of men truly fitted for the important position of medical superintendent of a *hospital* for the insane will be considered in a succeeding number of the ARCHIVES. Suffice it to say that in this case also we are opposed to summary measures except in a few instances, and would prefer to see the result obtained by a more natural method.

Let us sum up the conclusions of this criticism :

1. The number of assistant physicians is too small in all our asylums. The number should be increased until the proportion of physicians to patients rises to 1 to 50 at the least. This is on the supposition that the present common housing of incurable cases and of acute, often curable cases continue. In the true hospital of the future, reserved for acute cases, the proportion should be, in our opinion, as high as 1 to 20. In asylums or homes for the incurable chronic insane, as the Willard Asylum, a proportion of 1 to 100 might be allowed.

Besides, it would be beneficial to the institution and to the public outside to have a corps of temporary assistants or *internes* attached to every asylum. It would not be difficult, I believe, to induce excellent men just finishing their general hospital course to come to our asylums for six months' study and work. They should receive no salary, but ought to be comfortably lodged and have a good table. By their help much systematic work of observation and treatment might be done even in the "palace asylums;" and probably among these physicians a few would conceive a liking for the specialty and present themselves for examination for the position of assistant physician. Those who served only their six months would go out to private practice with a real knowledge of insanity, and would prove extremely useful in their respective communities.

2. In the future, better qualified assistant physicians should be secured by a competitive examination before an impartial board.

3. Adequate means should be provided in the asylums in the way of personal teaching, a good library, ample supply of medical journals, instruments, etc., for the continued education and self-development of assistants. These gentlemen should be allowed the privilege of an occasional special course of instruction in a large city, and should be encouraged to produce original work of any kind in connection with the specialty. The public should know by this time, after so many years of ill-directed extravagance, that a moderate expenditure for the purpose

of "finishing and furnishing" the brains of the physicians of asylums is of more utility to the patients, and indirectly to every family in the State, than the same sum spent in fancy architecture inside or outside.

E. C. SEGUIN, M.D.





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